

Recipient Committee
Campaign Statement
Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp FILED JUL 31 2008 CITY OF SANTA MARIA BY: <i>[Signature]</i> City Clerk	CALIFORNIA 2001/02 FORM	Page 1 of 3
	For Official Use Only	

Statement covers period from 01/01/2008 through 06/30/2008	Date of election if applicable: (Month, Day, Year) 11/02/2009
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☒ State Candidate Election Committee
☐ Recall
☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
- ☐ Primarily Formed Committee/Officeholder Committee
☐ Primarily Formed Committee/Officeholder Committee
☐ Primarily Formed Committee/Officeholder Committee
- (Also Complete Part 5)
(Also Complete Part 6)
(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement
☒ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)
- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Friends Of Mike Cordero

I.D. NUMBER
1307852

Treasurer(s)

NAME OF TREASURER
Kinde Durkee

MAILING ADDRESS
1212 S Victory Blvd

STREET ADDRESS (NO P.O. BOX)
1212 S Victory Blvd

CITY
Burbank

STATE
CA

ZIP CODE
91502

AREA CODE/PHONE
(818) 260-0669

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/29/2008 Date
Executed on 07/29/2008 Date
Executed on Date
Executed on Date

By Kinde Durkee

By Mike Cordero

Signature of Treasurer or Assistant Treasurer

Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Signature of Controlling Officerholder, Candidate, State Measure Proponent

Signature of Controlling Officerholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE Mike Cordero			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) City Council Member, City Of Santa Maria, District: n/a			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
1212 S Victory Blvd	Burbank	CA	91502

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER		
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER		
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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6. Ballot Measure Committee

NAME OF BALLOT MEASURE	
BALLOT NO. OR LETTER	JURISDICTION
	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE		Statement covers period from 01/01/2008 through 06/30/2008		SUMMARY PAGE CALIFORNIA FORM 460	
NAME OF FILER Friends Of Mike Cordero		Page 3 of 3		I.D. NUMBER 1307852	

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL O DATE
1. Monetary Contributions Schedule A, Line 3	0.00	0.00
2. Loans Received Schedule B, Line 7	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	0.00	0.00
4. Nonmonetary Contributions Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	0.00	0.00

Expenditures Made

6. Payments Made Schedule E, Line 4	0.00	0.00
7. Loans Made Schedule H, Line 7	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	0.00	0.00
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	0.00	0.00

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	0.00
13. Cash Receipts Column A, Line 3 above	0.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	0.00
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	0.00
If this is a termination statement, Line 16 must be zero.	

LOAN GUARANTEES RECEIVED

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	0.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$	\$
21. Expenditures Made	\$	\$

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
/ /	\$
/ /	\$
/ /	\$
/ /	\$
/ /	\$
/ /	\$

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.